Contractor Intake Instructions

The Washington State Department of Enterprise Services (DES) maintains a Statewide Vendor Registration System for all Washington State Agencies to use for processing vendor payments. This allows contractors/vendors, to receive payments from all participating state agencies by direct deposit, the State's preferred method of payment**. Information and Vendor Registration form and Direct Deposit Authorization can be accessed at http://des.wa.gov/services/IT/SystemSupport/Accounting/Pages/swps.aspx.** Please follow the steps provided at the link to obtain a Statewide Vendor Number.

Vendors who choose not to participate in receiving payments through direct deposit, must indicate the preferred method of payment in the Vendor Registration form.

ALL NEW HCA Contractors must:

- Complete, sign and submit a Statewide Vendor Registration form and Request of Taxpayer Identification Number and Certification (Substitute Form W-9 Rev March 2011) to DES.
- Submit a copy of the completed, signed Request of Taxpayer Identification Number and Certification (Substitute Form W-9 Rev March 2011) you submitted to the Department of Enterprise Services (DES) to the Health Care Authority (HCA). HCA will not make any payment for goods or services provided until this copy is received.
- Complete, sign and submit a **Contractor Intake Form** to HCA.

ALL EXISTING HCA Contractors who have changed their business name or business organization, or experienced other significant changes, **must**:

- Complete, sign, and submit a Statewide Vendor Registration Update form and a new Request of Taxpayer Identification Number and Certification (Substitute Form W-9 Rev March 2011) to DES.
- Submit a copy of the completed, signed new Request of Taxpayer Identification Number and Certification (Substitute Form W-9 Rev March 2011) you submitted to DES to HCA.
- Complete, sign and submit a new **Contractor Intake Form** to HCA.

ALL EXISTING HCA Contractors may be asked to complete, sign and submit a new **Contractor Intake Form** to HCA as needed.

Section One: Contractor Name/Business Organization

1. **Contractor name.**
   - For an Individual or Sole Proprietor, enter your name as shown on your Social Security card on the "Name" line. Sole Proprietors provide Last Name, First Name, Middle Name, and Suffix.
   - Other entities. **Enter your business name as shown on the legal document creating the entity**. Attach a copy of the legal document creating the entity.
2. **Business Organization.** Please mark only one.
   - If you are a nonresident alien foreign person or a business entity established in another state or country, the IRS may require you to complete Form W-8.
3. **Taxpayer Identification Number (TIN).**
   - Individual or Sole Proprietor - If you are a sole proprietor you may enter either your Social Security Number (SSN), or if you have one, your federal Employee Identification Number (EIN).
   - Other Business Entities - Enter the entity's Employee Identification Number (EIN). If the entity does not have an EIN, enter the SSN of the owner of the business.
   - Resident alien. - If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the SSN box.

Numbers 4 and 5 are self-explanatory.

Sections Two through Five: Contractor Signatory(ies) are self-explanatory.

Section Six: Additional Information

1. **Contractor Additional Addresses.** If applicable, provide additional addresses used for HCA Contracts.
2. **Contractor Additional Staff.** If applicable, provide additional staff information for HCA Contracts. Additional staff may include those who have authority to sign a HCA contract on behalf of the business, and are referred to as a signatory.

Sections Seven and Eight are self explanatory.

Washington State Health Care Authority

Contractor Intake Form

Section One: Contractor Name/Business Organization

1. CONTRACTOR LEGAL NAME | DBA OR FACILITY NAME

2. BUSINESS ORGANIZATION

- ☐ Individual or Sole Proprietor
- ☐ Corporation
  - ☐ Medical ☐ Attorney/Legal
- ☐ S-Corporation
  - ☐ Medical ☐ Attorney/Legal
- ☐ Partnership
  - ☐ Medical ☐ Attorney/Legal
- ☐ Exempt from backup withholding
- ☐ Trust/Estate
- ☐ Governmental Entity
  - ☐ Federal (incl Tribal) ☐ State ☐ Local
- ☐ Limited Liability Company, filing as a Partnership
  - ☐ Medical ☐ Attorney/Legal
- ☐ Limited Liability Company, filing as a Corporation
  - ☐ Medical ☐ Attorney/Legal
- ☐ Other
  - ☐ Non Profit ☐ Volunteer ☐ Board Member

3. TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box.

- For individuals, this may be your Social Security Number (SSN).
- For other entities, it is your Employer Identification Number.

Social Security Number

OR

Employer Identification Number

_____ (Enter all 9 numbers, NO DASHES)

_____ (Enter all 9 numbers, NO DASHES)

4. DEFAULT REPORTED

Have you had any contract with the state terminated for default? ☐ Yes ☐ No

If yes, **attach a list** of terminated contracts with an explanation why each contract was terminated, along with contact information for the state staff who managed the contracts.

5. STATEWIDE VENDOR NUMBER & UBI NUMBER

What is your Washington State Statewide Vendor Number? ____

To obtain a Statewide Vendor Number see the Contractor Intake Instructions, first paragraph.

What is your Washington State Uniform Business Identifier (UBI) Number? ____ (Enter all 9 numbers, NO DASHES)

To obtain a UBI number, call 1-800-647-7706 or (360)753-4401

Section Two: Contractor Address. NOTE: This is the address to which HCA will send contract documents, contract correspondence, and remittances.

CONTRACTOR ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)

CITY, STATE, AND ZIP CODE

EMAIL ADDRESS	COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)
PHONE NUMBER (INCLUDE AREA CODE) **( )**	

Section Three: Contractor Ownership Type

In your opinion, do you consider your business to be one or more of the following? If so, please check the boxes that apply.

	YES	NO.
Disadvantaged Business Enterprise	☐	☐
Woman Owned Business Enterprise	☐	☐
Minority Owned Business Enterprise	☐	☐
Veteran Owned Business Enterprise	☐	☐
Community Based Organization	☐	☐
Owned or Operated by Disabled Persons	☐	☐
Small business	☐	☐

If your business is Certified by Washington State's Office of Minority and Women Owned Business Enterprises (OMWBE) http://www.omwbe.wa.gov, or Department of Veterans Affairs (DVA), enter the certification number.

_____

_____

_____

_____

If your business is federally certified as a Disadvantaged or small business enterprise, enter the certification number.

_____

Section Four: Contractor Contact Person (s)

Primary contact person is a(n):

☐ Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (HCA staff enter as applicable on ACD)

Is the primary contact person authorized to sign contracts? ☐ Yes ☐ No (If "No", please complete Section Five)

PRIMARY CONTACT NAME	PHONE NUMBER (INCLUDE AREA CODE) ( )
PRIMARY CONTACT JOB TITLE	PRIMARY CONTACT EMAIL ADDRESS

Secondary contact person is a(n):

☐ Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (HCA staff enter as applicable on ACD)

Is the secondary contact person authorized to sign contracts? ☐ Yes ☐ No (If "No", please complete Section Five)

SECONDARY CONTACT NAME	PHONE NUMBER (INCLUDE AREA CODE) ( )
SECONDARY CONTACT JOB TITLE	SECONDARY CONTACT EMAIL ADDRESS

Section Five: Contractor Primary Signatory (HCA staff enter on ACD Staff screen)

Primary Signatory is a(n):

☐ Owner ☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (HCA staff enter as applicable on ACD)

PRIMARY SIGNATORY NAME	PHONE NUMBER (INCLUDE AREA CODE) ( )
PRIMARY SIGNATORY JOB TITLE	PRIMARY SIGNATORY EMAIL ADDRESS

Section Six: Additional Information (

ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR HCA CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

☐ Officer or Board Member ☐ Partner ☐ Staff Member ☐ Elected Official

☐ Other (please identify) _____ (HCA staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts? ☐ Yes ☐ No

Is the additional staff a contact for HCA contracts? ☐ Yes ☐ No

ADDITIONAL STAFF NAME	PHONE NUMBER (INCLUDE AREA CODE) ( )

FAX NUMBER (INCLUDE AREA CODE) **( )**	ADDITIONAL STAFF EMAIL ADDRESS

Section Seven: Ethics in Public Service Certification

In order to be eligible to enter into a contract with HCA the individual(s) who will be performing duties under any contract may be required to obtain Executive Ethics Board approval.

Current or Former State Employees

Is the individual who will be performing the duties of this contract:

a) current state employee? ☐ Yes ☐ No

b) former state employee (within the last two years)? ☐ Yes ☐ No

c) retired state employee under 2008 Early Retirement factor? ☐ Yes ☐ No

Section Eight: Contractor Certification

You must sign, date, and return this form before HCA will issue a contract.

I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify HCA of any changes in any statement.

SIGNATURE	DATE	PRINTED NAME
		TITLE

ATTACHED SUPPORTING DOCUMENTATION CHECKLIST

- ☐ Copy of your Substitute Form W-9 (Rev March 2011) - Request of Taxpayer Identification Number and Certification
- ☐ List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
- ☐ List of Additional Staff (if applicable)